

pear to have any significant advantage over oral digitalis folia for the purpose of maintaining digitalis effect, except in rare cases. In a recent study, Sokolow and Chamberlain found that cedilanid and digitalis folia were interchangeable at maintenance doses of 1.5 mg. and 0.15 gm., respectively. The maintenance dose of digitoxin was found by Gold and his group to be in the range of 0.1 and 0.2 mg. Care must be used to prescribe digitalis preparations by weight rather than by cat units when they are to be used orally. The cat unit is based on intravenous use of the drug and the factor of absorption is most important in oral medication. When the purer glycosides are used intravenously in man, roughly three to five cat units of each will digitalize.

A safe procedure for the practitioner who will

want to take advantage of these newer glycosides will be to learn the use of one or two preparations well. Any of the purified glycoside group will be adequate for rapid oral or intravenous digitalization, the variabilities being dosage, speed of action and excretion; the pharmacologic effects do not differ. Once one has gained experience with a representative of the group, one will have at hand an exceedingly useful drug for cardiac emergencies. When the situation does not require rapid digitalization, the use of ordinary digitalis folia over a period of two to four days will prove adequate in most cases. The choice of digitalis preparation in cardiac therapy will depend on the speed with which digitalization is required and the familiarity that the physician has with the use of any given preparation.

The A.M.A. and the Future

Successful completion of the A.M.A. 1946 annual session in San Francisco brought forth some highly complimentary remarks from the eighty-five hundred physicians attending from all parts of the country. While not all those at the meeting were able to get the hotel accommodations they wished, there was praise everywhere for the manner in which the scientific, technical and business meetings were arranged, for the handling of hotel space and the general arrangements for all the myriad details entering into a larger meeting. The local committee on arrangements, representing a large number of practising members of the San Francisco County Medical Society, did its job in splendid fashion and deserves all the credit given it.

On the scientific side, the meeting presented the usual high quality exhibits and scientific meetings. On the technical side, the exhibits were numerous, interesting and splendidly laid out for the convenience of the visiting physicians. The weather was ideal and, aside from the street car strike prevailing during part of the meeting, everything for the comfort of the members was in good shape.

On the business end, however, there seems to be much to be desired. The House of Delegates, meeting on three days of the session, covered an unusually large amount of ground and, judging by remarks dropped here and there by many members, probably moved so fast that some important pieces of business were left out of consideration or were hurriedly passed over.

One such piece of business—and this one came in for criticism by members of the House of Delegates from numerous states—was the report of the public relations survey of the A.M.A. made by Raymond Rich and Associates. This report, ordered by the A.M.A. Board of Trustees earlier this year, had been anxiously awaited by physicians throughout the country. When time

came for its presentation, the House of Delegates was given a concise interpretation of it by the Board of Trustees. Actual copies of the report were not available to the members of the House of Delegates despite requests for such copies and one rather pointed question from the floor as to how intelligent questions about the report might be asked by members of the House if they did not have access to the report itself.

It is recognized, of course, that any survey of public relations and public opinion, if it is worth its cost, must bring out the poor points of an organization as well as the strong. But it is acknowledged too that the medical profession will not be well served by any washing of dirty linen in public. Probability is that the Board of Trustees had not had time or opportunity to make a really thorough study of this report before the San Francisco meeting. Nevertheless, it is somewhat surprising for the legislative body of the A.M.A. to be denied access to a well conceived study of a subject which goes to the very roots of present-day American medicine and its organizations.

If the members of the A.M.A. House of Delegates cannot be trusted with information of a confidential nature, they should not be permitted to sit in that House. There is precedent for such action. If the members of the legislative body of American medicine are not allowed to legislate, there seems a question as to the need of establishing or operating a legislative session within the structure of the A.M.A.

The future of American medicine may well be at stake in the findings of the Rich report. The social and economic side of American medicine, as well as the scientific side, may well be seriously affected by the decisions of the A.M.A. on this report. In such circumstances it appears that full consideration should be given this report by the full membership of the House of Delegates. If there are weak points in the armamentarium of American medicine, let them be brought to light

by an unbiased surveyor, analyzed and corrected. If there are strong points, let them be made the basis for capital gains.

It is sincerely to be hoped that the December

meeting of the A.M.A. House of Delegates will bring to the membership of the House a full copy of the Rich report and full opportunity to discuss this report, its analyses and recommendations.

The Laboratory in Medicine and Public Health

The public health laboratory and the diagnostic clinical laboratory both serve important but distinct functions in the prevention and management of disease.

The organization and scope of the public health laboratories of California have been considered in this issue of CALIFORNIA MEDICINE. The organization is properly decentralized. Thus the State laboratory does not usurp the duties of the city or county organization but aids them in their development and in the maintenance of high standards. It provides the essential services where they cannot be provided locally. The laboratory services performed by the system of county and state public health laboratories are concerned properly with matters of public health importance, such as adequate control of the purity of water and food, in control of epidemic disease and other factors involving environmental sanitation. Thus, studies conducted by the public health laboratories revealed a dangerous degree of sewage pollution to exist on some of the popular ocean beaches. This led inevitably to quarantine of the beaches pending application of the corrective measures of sanitary engineering. Joint studies supported by public health laboratories, industry and Hooper Foundation of the University of California have done much to develop and maintain the high standards of canning in our state. The recently developed Virus Research Laboratory supported in part by the Rockefeller Foundation and under the jurisdiction of the State Health Department contributes importantly in safe-guarding public health. As a policy it would seem desirable to have such research activities closely linked to Medical schools and schools of Public Health.

The public health laboratories have a wide field

of important activities and need not, indeed should not, encroach upon the field of the hospital or diagnostic laboratories. The diagnostic laboratory is an important element in the organization contributing to adequate care of the patient. Its services should be readily available to the physician and it should be under the direction of a well trained pathologist. The pathologist must see that a high standard of laboratory service is available and should act as a consultant with the physician. There has, in fact, been a shortage of trained pathologists, but it appears that this is being overcome and an increasing number of able young men are choosing pathology as a specialty. The direct consideration of diagnostic problems by the pathologist and the attending physician has a great advantage over the impersonal and often delayed report coming out of a remote laboratory. Development of high-grade laboratory services in conjunction with adequate hospital facilities throughout the state constitutes one of our more important health needs. The young physician needs an adequate work shop. He is not content with "guesswork" medicine. Our needs should be clarified by the hospital survey currently being conducted by the State Health Department. When the needs are defined, a concerted effort should be made to meet them.

The research laboratories that ultimately contribute to medicine represent nearly all branches of science. More direct in their contribution are the investigations emanating from the laboratories of the basic medical sciences. New techniques of importance will continue to filter down from "pure" science to medical science and into the laboratories where they are applied in the prevention and care of disease. The role of the laboratory in medicine and public health will inevitably be one of increasing importance.

Cash Sickness Indemnities

When the California Legislature passed the cash sickness indemnity law at the 1946 special session it launched the State on a social security voyage which must be undertaken with a green crew and with only one chart. The crew is now being assembled and trained, the chart being surveyed.

The law is of particular interest to physicians because under its terms they are required to certify the unemployability of the applicant for benefits and to estimate the period of time his disability will continue.

Rhode Island is the state which has supplied

the chart for California. There a cash sickness indemnity law has been in effect since 1942, with benefits paid since 1943. Rhode Island's was the experience on which the proponents of the California law based their claims and relied for their figures and conclusions.

Now comes a review of the Rhode Island situation by the *Research Council for Economic Security*, a Chicago research organization catering principally to insurance underwriters. The review points to an increment in the reserve fund in 1943, the first year of benefit payments. In that year the fund took in \$4,700,000 in taxes and